

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

This is an application to: (check one)

- ☐ Apply for a new permit.
☒ Apply for reissuance of expiring permit.
☐ Apply for a construction permit.
☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Short Form C

For additional information contact:

KPDES Branch (502) 564-3410

I. FACILITY LOCATION AND CONTACT INFORMATION		AGENCY USE		0	0	2	4	4	3	1
A. Name of business, municipality, company, etc. requesting permit <i>Ky. Dept of Commerce - Rough River State Resort Park</i>		C. Facility Owner/Mailing Address								
B. Facility Name and Location Facility Location Name: <i>Rough River State Park</i>		Owner Name: <i>Chuck Tempfer</i>								
Facility Location Address (i.e. street, road, etc.): <i>450 Lodge Road</i>		Mailing Street: <i>450 Lodge Road</i>								
Facility Location City, State, Zip Code: <i>Falls of Rough Ky. 40119</i>		Mailing City, State, Zip Code: <i>Falls of Rough Ky. 40119</i>								
		Telephone Number: <i>(270) 257-2311 Ext. 2290</i>								

II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc.: *Establishment primarily engaged in amusement and recreation services.*

B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code & Description: *7999 Amusement and recreation services*

Other SIC Codes:

III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)

B. County where facility is located: *Grayson* City where facility is located (if applicable): *Falls of Rough*

C. Body of water receiving discharge: *Unnamed tributary from Rough River Lake*

D. Facility Site Latitude (degrees, minutes, seconds): *37 37 107* Facility Site Longitude (degrees, minutes, seconds): *86 30 28"*

E. Method used to obtain latitude & longitude (see instructions): *GPS*

F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):

IV. OWNER/OPERATOR INFORMATION	
A. Type of Ownership: <input type="checkbox"/> Publicly Owned <input type="checkbox"/> Privately Owned <input checked="" type="checkbox"/> State Owned <input type="checkbox"/> Both Public and Private Owned <input type="checkbox"/> Federally owned	
B. Operator Contact Information (See instructions)	
Name of Treatment Plant Operator: Bobby CLARK	Telephone Number: (270) 257-2311 Ext. 2320
Operator Mailing Address (Street): 450 Lodge Road	
Operator Mailing Address (City, State, Zip Code): Falls of Rough, Ky. 40119	
Is the operator also the owner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Is the operator certified? If yes, list certification class and number below. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Certification Class: WW II	Certification Number: 17220

V. EXISTING ENVIRONMENTAL PERMITS		
Current NPDES Number: KY 0024431	Issue Date of Current Permit:	Expiration Date of Current Permit: OCT. 31 2009
Number of Times Permit Reissued:	Date of Original Permit Issuance:	Sludge Disposal Permit Number: N/A
Kentucky DOW Operational Permit #:	Kentucky DSMRE Permit Number(s):	

C. Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source		
Solid or Special Waste		
Hazardous Waste - Registration or Permit		

VI. DISCHARGE MONITORING REPORTS (DMRs)
KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). The information in this section serves to specifically identify the department, office or individual you designate as responsible for submitting DMR forms to the Division of Water.

A. Name of department, office or official submitting DMRs:	Chuck Tempfer - Park manager
B. Address where DMR forms are to be sent. (Complete only if address is different from mailing address in Section I.)	
DMR Mailing Name:	
DMR Mailing Street:	
DMR Mailing City, State, Zip Code:	
DMR Official Telephone Number:	

VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount. Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category: <i>N/A</i>	Filing Fee Enclosed: <i>N/A</i>
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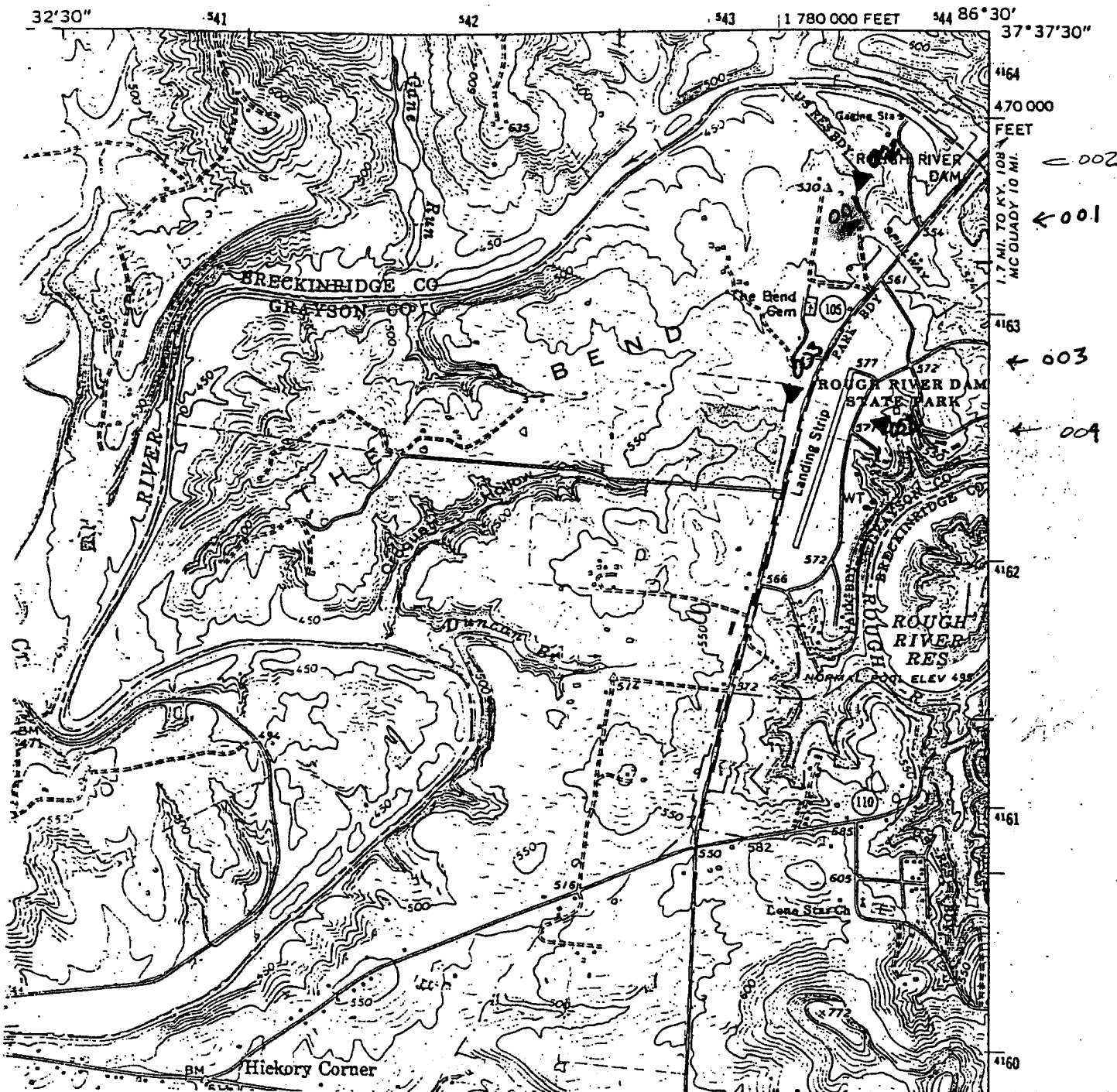
VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print): <i>Chuck Tempfer - Park Manager</i>	TELEPHONE NUMBER (area code and number): <i>(270) 257-2311 Ext. 2290</i>
SIGNATURE <i>Chuck Tempfer</i>	DATE: <i>3/3/09</i>

FALLS OF ROUGH G. DRANGLE
KENTUCKY
7.5 MINUTE SERIES (TOPOGRAPHIC)
SE/4 FORDSVILLE 15' QUADRANGLE

3759 III NW
(KINGSWOOD)



SCALE 1:24000
1 1/2 0 1 mile

OPERATIONAL MAP

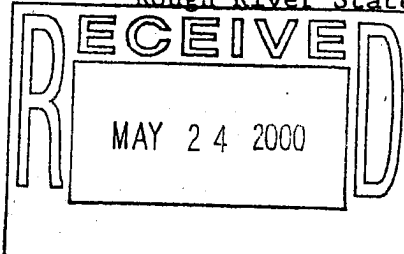
Date:

U.S.G.S. Quad:

Falls of Rough

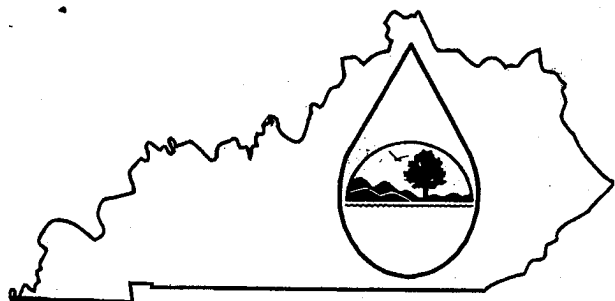


Facility: Kentucky Dept of Parks
Rough River State Park



LEGEND

- Existing Area of Operation
- ▲ Existing Point Source Discharge (active area)
- ⊙ Existing Point Source Discharge (areas under reclamation)
- ⊗ Existing Point Source Discharge (released from NPDES monitoring)



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form I.
For additional information, contact: KPDES Branch, (502) 564-3410.

NAME OF FACILITY:											
I. FACILITY DISCHARGE FREQUENCY				AGENCY USE	0	0	2	4	4	3	1
A. Do discharge(s) occur all year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (Complete Item IX for intermittent discharges.)											
B. How many days per week? 7											
II. A. Give the basis of design for sizing of the wastewater facility (see instructions): 001, designed to serve at 40 room lodge with dining room, 17 cottages with kitchens, a boatdock and a maintenance building. 002 serves campground with 55 sites 003 plant - (3) residences											
B. If new discharger, indicate anticipated discharge date:					N/A						
C. Indicate the design capacity of the treatment system: 001					0.050 MGD (001) (002) (003) 0.0075 (0015)						

III. Outfall Location (see instructions)

Outfall (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
001	37	37	107	086	30	313	unnamed
002	37	37	287	086	30	465	tributary to
003	37	36	647	086	30	555	Rough River Lake
004	37	36	751	086	30	269	
Method used to obtain latitude/longitude (i.e. GPS unit, USGS topographic map coordinates, etc.)				GPS UNIT			

IV. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (see instructions)				
If wastewater other than domestic or sanitary is listed, complete page 4 in addition to page 1 and 2.				
OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	List treatment components	List Codes from Table SC-1
001	Waste Water Treatment	.050	Bar Screen, Disinfection	1T, 2F, 3A, 5A
			Activated sludge, Aer. Digestion	
002	Waste Water Treatment	.0075	Bar screen, Disinfection	1T, 2F, 3A
			Activated sludge.	
003	Waste Water Treatment	.0015	Bar screen, Disinfection	1T, 2F, 3A
			Activated sludge.	
004	Storm Water Runoff	.0086	N/A	N/A

V. Check the type(s) of wastewater discharged.

- ☒ Domestic (60% or more sanitary sewage)
 ☐ Oil field waste
☐ Noncontact cooling water
 ☐ Other (list):

VI. Does all water used at facility (except for human consumption) flow to a treatment plant? ☒ Yes ☐ No

VII. Discharge to other than surface waters. Check appropriate location:

- ☐ Publicly-owned lake or impoundment Name of lake:
☐ Publicly-owned treatment works (POTW). Name of POTW:
☐ Land application of Effluent
☐ Surface injection (Check term and identify on map) ☐ lateral field; ☐ sinkhole; ☐ sinking stream; ☐ deep well
☐ Closed Circuit (Check appropriate term) ☐ Holding tank; ☐ Mechanical evaporation; ☐ Waste impoundment

VIII. Check the metals present in the discharge if applicable and indicate the quantity discharged per year. (Indicate units).

<input type="checkbox"/>	Antimony	
<input type="checkbox"/>	Arsenic	
<input type="checkbox"/>	Beryllium	
<input type="checkbox"/>	Cadmium	
<input type="checkbox"/>	Chromium	

<input type="checkbox"/>	Copper	
<input type="checkbox"/>	Lead	
<input type="checkbox"/>	Mercury	
<input type="checkbox"/>	Nickel	
<input type="checkbox"/>	Selenium	

<input type="checkbox"/>	Silver	
<input type="checkbox"/>	Thallium	
<input type="checkbox"/>	Zinc	
<input type="checkbox"/>		
<input type="checkbox"/>		

(PLEASE COMPLETE THIS PAGE IF OTHER THAN DOMESTIC WASTEWATER IS DISCHARGED)

XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS

Additive	Composition	Concentration (mg/l)

XII. EFFLUENT CHARACTERISTICS *OutF 001*

A. Indicate results of analysis for pollutants listed below.

POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD ₅	<i>26</i>	<i>26</i>	<i>1</i>
TOTAL SUSPENDED SOLIDS	<i>12.0</i>	<i>12.0</i>	<i>1</i>
FECAL COLIFORM	<i>210</i>	<i>210</i>	<i>1</i>
TOTAL RESIDUAL CHLORINE	<i>1.6 ppm</i>	<i>1.6 ppm</i>	<i>1</i>
OIL AND GREASE			<i>Request Waiver</i>
CHEMICAL OXYGEN DEMAND			<i>Request Waiver</i>
TOTAL ORGANIC CARBON			<i>Request Waiver</i>
AMMONIA	<i>0.16</i>	<i>0.16</i>	<i>1</i>
DISCHARGE FLOW	<i>.0075</i>	<i>.0075</i>	<i>1</i>
PH	<i>7.1</i>	<i>7.1</i>	<i>1</i>
TEMPERATURE (WINTER)	<i>23°C</i>	<i>23°C</i>	<i>1</i>
TEMPERATURE (SUMMER)	<i>8°C</i>	<i>8°C</i>	<i>1</i>

B. Frequency and duration of flow:

Daily

XIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):

TELEPHONE NUMBER (area code and number):

Chuck Tempfer - Park Manager

(270) 257-2311

SIGNATURE

DATE

Chuck Tempfer

3/3/09

IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)

A. Number of bypass points:	(If bypass points are indicated, information below must be completed for each bypass.)	
Check when bypass occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of bypass incidents	per year	per year
Give average duration of bypass	hours	hours
Give average volume per incident	1,000 gallons	1,000 gallons
Give reason why bypass occurs:		

B. Number of Overflow Points: (If discharge is from an overflow point, the information below must be completed.)

Check when overflow occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of overflow incidents:	per year	per year
Give average duration of overflow:	hours	hours
Give average volume per incident:	1,000 gallons	1,000 gallons

C. Number of seasonal discharge points	
Give the number of times discharge occurs per year	
Give the average volume per discharge occurrence	(1,000 gallons)
Give the average duration of each discharge	(days)
List month(s) when the discharge occurs	

X. AREA SERVED (see instructions)

NAME	ACTUAL POPULATION SERVED
001 Lodge.	Transient Population (estimate)
TOTAL POPULATION SERVED	0-200

IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)

A. Number of bypass points:

(If bypass points are indicated, information below must be completed for each bypass.)

Check when bypass occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of bypass incidents	per year	per year
Give average duration of bypass	hours	hours
Give average volume per incident	1,000 gallons	1,000 gallons
Give reason why bypass occurs:		

B. Number of Overflow Points:

(If discharge is from an overflow point, the information below must be completed.)

Check when overflow occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of overflow incidents:	per year	per year
Give average duration of overflow:	hours	hours
Give average volume per incident:	1,000 gallons	1,000 gallons

C. Number of seasonal discharge points

Give the number of times discharge occurs per year	
Give the average volume per discharge occurrence	(1,000 gallons)
Give the average duration of each discharge	(days)
List month(s) when the discharge occurs	

X. AREA SERVED (see instructions)

NAME	ACTUAL POPULATION SERVED
002 Campground.	Transient Population (estimate)
TOTAL POPULATION SERVED	0-75

(PLEASE COMPLETE THIS PAGE IF OTHER THAN DOMESTIC WASTEWATER IS DISCHARGED)

XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS

Additive	Composition	Concentration (mg/l)

XII. EFFLUENT CHARACTERISTICS

Outfall 002

A. Indicate results of analysis for pollutants listed below.

POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD ₅	26	26	1
TOTAL SUSPENDED SOLIDS	11.5	11.5	1
FECAL COLIFORM	20	20	1
TOTAL RESIDUAL CHLORINE	1.9 ppm	1.9 ppm	1
OIL AND GREASE			Request Waiver
CHEMICAL OXYGEN DEMAND			Request Waiver
TOTAL ORGANIC CARBON			Request Waiver
AMMONIA	0.12	0.12	1
DISCHARGE FLOW	.004	.004	1
PH	7.3	7.3	1
TEMPERATURE (WINTER)	Closed	Closed	0
TEMPERATURE (SUMMER)	22°C	22°C	1

B. Frequency and duration of flow:

Daily April thru Oct. / Closed November thru March

XIII. CERTIFICATION

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NAME AND OFFICIAL TITLE (type or print):

TELEPHONE NUMBER (area code and number):

Chuck Tempfer / Park Manager

270 257 2311

SIGNATURE

DATE

Chuck Tempfer

3/3/09

IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)

A. Number of bypass points:

(If bypass points are indicated, information below must be completed for each bypass.)

Check when bypass occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of bypass incidents	per year	per year
Give average duration of bypass	hours	hours
Give average volume per incident	1,000 gallons	1,000 gallons
Give reason why bypass occurs:		

B. Number of Overflow Points:

(If discharge is from an overflow point, the information below must be completed.)

Check when overflow occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of overflow incidents:	per year	per year
Give average duration of overflow:	hours	hours
Give average volume per incident:	1,000 gallons	1,000 gallons

C. Number of seasonal discharge points	
Give the number of times discharge occurs per year	
Give the average volume per discharge occurrence	(1,000 gallons)
Give the average duration of each discharge	(days)
List month(s) when the discharge occurs	

X. AREA SERVED (see instructions)

NAME	ACTUAL POPULATION SERVED
outfall 003	6
TOTAL POPULATION SERVED	6

(PLEASE COMPLETE THIS PAGE IF OTHER THAN DOMESTIC WASTEWATER IS DISCHARGED)

XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS

Additive	Composition	Concentration (mg/l)

XII. EFFLUENT CHARACTERISTICS

003 Outfall

A. Indicate results of analysis for pollutants listed below.

POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD ₅	26	26	1
TOTAL SUSPENDED SOLIDS	16.7	16.7	1
FECAL COLIFORM	210	210	1
TOTAL RESIDUAL CHLORINE	1.2 ppm	1.2 ppm	1
OIL AND GREASE			Request Waiver
CHEMICAL OXYGEN DEMAND			Request Waiver
TOTAL ORGANIC CARBON			Request Waiver
AMMONIA	0.09	0.09	1
DISCHARGE FLOW	.0003	.0003	1
PH	7.2	7.2	1
TEMPERATURE (WINTER)	8°	8°	1
TEMPERATURE (SUMMER)	23°C	23°C	1

B. Frequency and duration of flow:

Daily

XIII. CERTIFICATION

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NAME AND OFFICIAL TITLE (type or print):

TELEPHONE NUMBER (area code and number):

Chuck Tempfer / Park Manager

270 257 2311

SIGNATURE

DATE

Chuck Tempfer

3/3/09

IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)

A. Number of bypass points:

(If bypass points are indicated, information below must be completed for each bypass.)

Check when bypass occurs:

☐ Wet Weather☐ Dry Weather

Give the number of bypass incidents

per year

per year

Give average duration of bypass

hours

hours

Give average volume per incident

1,000 gallons

1,000 gallons

Give reason why bypass occurs:

B. Number of Overflow Points:

(If discharge is from an overflow point, the information below must be completed.)

Check when overflow occurs:

☐ Wet Weather☐ Dry Weather

Give the number of overflow incidents:

per year

per year

Give average duration of overflow:

hours

hours

Give average volume per incident:

1,000 gallons

1,000 gallons

C. Number of seasonal discharge points

Give the number of times discharge occurs per year

Give the average volume per discharge occurrence

(1,000 gallons)

Give the average duration of each discharge

(days)

List month(s) when the discharge occurs

X. AREA SERVED (see instructions)

NAME

ACTUAL POPULATION SERVED

TOTAL POPULATION SERVED

(PLEASE COMPLETE THIS PAGE IF OTHER THAN DOMESTIC WASTEWATER IS DISCHARGED)

XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS

Additive	Composition	Concentration (mg/l)

XII. EFFLUENT CHARACTERISTICS

A. Indicate results of analysis for pollutants listed below.

POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD ₅	N/A		
TOTAL SUSPENDED SOLIDS	7.0	7.0	1
FECAL COLIFORM	N/A		
TOTAL RESIDUAL CHLORINE	N/A		
OIL AND GREASE	< 5.1	< 5.1	1
CHEMICAL OXYGEN DEMAND	N/A		
TOTAL ORGANIC CARBON	N/A		
AMMONIA	N/A		
DISCHARGE FLOW	.0086	.0086	1
pH	7.6	7.6	1
TEMPERATURE (WINTER)	N/A		
TEMPERATURE (SUMMER)	N/A		

B. Frequency and duration of flow:

XIII. CERTIFICATION

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NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Church Temple / Park Manager	2702572311
SIGNATURE	DATE
Church Temple	3/3/09

KENTUCKY STATE PARKS UPDATE SHEET

Park Name

Rough River State Park

☒ **Park Manager**

Chuck Templer

☐ **Operator (if any)**

Bobby CLARK

Address

450 Lodge Road

Falls of Rough

Ky. 40119

Telephone #

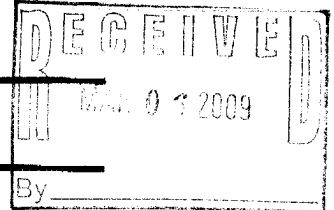
62707 257-2311

Fax #

62707 257-8682

Email Address

Additional information



**** Please indicate who reports are sent to by checking box above**

**Please mail, fax to (859) 341-5081, or email
to brandy@cardinallabs.com
Thank you!**